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Bib Data Sheet

CONFIRMATION NO. 8512

SERIAL NUMBER 09/737,118	FILING DATE 12/14/2000 RULE	CLASS 606	GROUP ART UNIT 3732	ATTORNEY DOCKET NO. S63.2-9611
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APPLICANTS

Thomas J. Holman, Minneapolis, MN;
Louis G. Ellis, St. Anthony, MN;
Gregory K. Olson, Elk River, MN;
Linda R. Lorentzen Cornelius, Wayzata, MN;
Richard J. Traxler, Minneapolis, MN;
Scott M. Hanson, Columbia Heights, MN;
Tracee E.J. Eidenschink, Wayzata, MN;
Sonja J.K. Williams, Princeton, MN;

** CONTINUING DATA *****

THIS APPLICATION IS A CON OF 09/528,613 03/20/2000
WHICH IS A DIV OF 09/034,434 03/04/1998 PAT 6,152,944
WHICH IS A CIP OF 08/812,351 03/05/1997 PAT 5,893,868

0416529

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 02/01/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 18	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

00490

TITLE

Catheter with removable balloon protector and stent delivery system with removable stent protector

FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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